| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  09759183                                                                                                                                                                                                                                                                                     |              |                                     |                  |                  |          |                |                        |         |                     | ber<br>43              | ·:.{<br>····   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------|------------------|------------------|----------|----------------|------------------------|---------|---------------------|------------------------|----------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER TO COOLUMN 1) (Column 2) TYPE OR SMALL EN                                                                                                                                                                                                                                                                                                              |              |                                     |                  |                  |          |                |                        |         |                     |                        |                |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                       | 19           |                                     |                  |                  | RATE FEE |                |                        |         | RATE                | FEE                    |                |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED |                                     | NUMBER EXTRA     |                  | BASIC    | FEE            | 355.00                 | OR      | Basic Fee           | 710.00                 | · .            |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                            | /9 minus 20= |                                     | •                |                  | X\$ 9=   |                |                        | OR      | X\$18=              |                        |                |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                 | 6 min        | us 3 = •                            |                  | X40=             |          |                | OR                     | X80≔    |                     |                        |                |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                   |              |                                     |                  |                  | +135=    |                |                        | OR      | +270=               |                        |                |
| * If the difference in column 1 is less than zero, enter *0* in column 2                                                                                                                                                                                                                                                                                                                           |              |                                     |                  |                  | TOT      |                |                        | OR      | TOTAL               |                        |                |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                        |              |                                     |                  |                  |          |                |                        |         | OTHER               |                        |                |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                         |              | (Column                             | 2)               | (Column 3)       | SMA      | Ш              |                        | OR<br>I | SMALL               | ADDI-                  |                |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent Total                                                                                                                                                                                                                                           |              | NUMBE<br>PREVIOU<br>PAID FO         | R<br>ISLY        | PRESENT<br>EXTRA | RAT      | ΓE             | ADDI-<br>TIONAL<br>FEE |         | RATE                | TIONAL<br>FEE          |                |
| Total • / 6                                                                                                                                                                                                                                                                                                                                                                                        | Minus        | ••                                  |                  | -                | X\$      | 9=             |                        | OR      | X\$18=              |                        |                |
| Independent • 3                                                                                                                                                                                                                                                                                                                                                                                    | Minus .      | ***                                 |                  | •                | X40      | ) <del>-</del> |                        | OR      | X80=                |                        |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                     |              |                                     |                  |                  |          | <br>5=         |                        | OR      | +270=               |                        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                     |                  |                  |          | OTAL           |                        | ОЯ      | TOTAL<br>ADDIT, FEE |                        | 皿              |
| 12/9/04 (Column 1)                                                                                                                                                                                                                                                                                                                                                                                 |              | (Columi                             | n 21             | (Column 3)       | ADDIT.   | FEE            |                        |         | ADUII. PEE          |                        | ပြိ            |
| COUNTING CLAIMS REMAINING AFTER AMENDMENT Total Independent  S                                                                                                                                                                                                                                                                                                                                     |              | PREVIOUS PAID FO                    | ST<br>ER<br>LSLY | PRESENT<br>EXTRA | RA       | rE             | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE | BEST AVAILABLE |
| Total · /6                                                                                                                                                                                                                                                                                                                                                                                         | Minus        | ••                                  |                  | •                | X\$      | 9=             |                        | OR      | X\$18=              |                        | 5              |
| Independent - 5                                                                                                                                                                                                                                                                                                                                                                                    | Minus ·      | ***                                 |                  | =                | X4       | 0=             |                        | OR      | X80=                |                        |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                     |              |                                     |                  |                  |          | 5=             |                        | OR      | +270=               |                        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                     |                  |                  | ADDIT    | OTAL.<br>FEE   | . 10                   | OR      | TOTAL ADDIT. FEE    |                        | မြ             |
| 5-11-06 (Column 1)                                                                                                                                                                                                                                                                                                                                                                                 |              | (Colum                              | n 2)             | (Column 3)       |          |                |                        |         |                     |                        | ] ≺            |
| CLAIMS RÉMAINING AFTER AMENDMENT  Total Independent • 3                                                                                                                                                                                                                                                                                                                                            |              | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | er<br>USLY       | PRESENT<br>EXTRA | RA       | TE             | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |                |
| Total • 16                                                                                                                                                                                                                                                                                                                                                                                         | Minus        | - 20                                |                  | •                | X\$      | 9=             |                        | OR      | X\$18=              | ï                      |                |
| Independent • 3                                                                                                                                                                                                                                                                                                                                                                                    | Minus        | <b></b> 3                           |                  | -                | X4       | 0=             |                        | OR      | X80=                |                        | 1.             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                     |              |                                     |                  |                  | +13      | <br>15=        |                        | OR      |                     |                        | 1              |
| "If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |              |                                     |                  |                  |          |                |                        |         |                     |                        |                |

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